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ABSTRACT

This paper reviews the research literature in the area of family communication and reports on what is known about communicaton in the homes of emotionally disturbed children. It then reviews and summarizes the patterns of communication cited in the literature that seem unique to such homes, including extreme emotional distance between parents, a domineering mother, incongruent communication, disruption of communication, disqualification of communication, lack of decision making, lack of family boundaries, and reciprocal relationships. (FI)

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PATTERNS OF COMMUNICATION IN THE HOMES OF DISTURBED CHILDREN

by

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The heightened interest in the study of family communication can be traced to the efforts of Gregory Bateson and his associates at the Mental Health Research Institute in Palo Alto. Over twenty years ago these scholars urged psychiatric researchers to study family members interacting with one another (Bateson, Jackson, Haley and Weakland, 1956). Interest in this interactional approach has grown to the point where it now dominates research and clinical practice in conjoint family therapy.

An underlying assumption of this perspective is that the family is a rule-governed system, whose members interact in organized, repetitive and predictable patterns that can be discerned through observation. The communication process among family members is self-regulated and feedback-governed. Through interaction over time, family members develop patterns of communication that are unique to their own family. A major purpose of this paper is to review the research literature in this area and report on what we now know about communication in the homes of emotionally disturbed children. A concluding section will bring together those patterns of communication which seem to be common to families with a pathological child.

REVIEW OF THE LITERATURE

The Bateson group was the first to use a communication perspective in their investigation of the causes of emotional illness. Their studies led them to formulate the double-bind theory of schizophrenia (Bateson, Jackson, Haley, and Weakland, 1956). The double-bind experience can generally be characterized as a situation in which the following four ingredients are present: (1) Two or more people, one of which is the

victim of the bind, with the other imposing it. (Two people may impose a bind when the messages they send are contradictory). (2) A primary injunction (usually verbal) requesting the victim to do or refrain from doing a specific behavior. (A punishment is involved if the victim does not engage in the behavior). (3) A secondary injunction encoded at a different level (usually a nonverbal emotional expression) which contradicts the first and also involves a punishment. (4) The relationship must be such that there is a strong emotional involvement which makes it very difficult, if not impossible, for the individual to get out of the relationship.

The person caught in a double-bind experience is therefore receiving two messages from a person, one of which denies the other. The relationship makes it hard to leave the field, and the punishments involved mean the person loses no matter which message he chooses to respond to.

In most of the families Bateson studied, the children were continually put in double binds by one or both of their parents. It was generally the mother who sent out two simultaneous messages. One was a loving, approaching verbal behavior towards the child. The other was a withdrawing behavior when approached too closely by the child. The child is punished nonverbally by his mother's withdrawing behavior if he responds to her verbal message. He is also punished verbally by his mother if he responds to her nonverbal message.

In most cases the mother forbids the child from using metacommunication to correct his perception of her contradictory communicative behavior. If he brings his confusion to her attention, he is told that he is mistaken and is not seeing reality. Because he is punished for learning to correctly discriminate the order of messages, he learns to distort

his perceptions and falsely discriminate his own internal messages as well as the messages of others.

The child continually put in a double bind by a parent will grow up unskilled in his ability to discern different levels of messages people send. He will grow up unskilled in his ability to use communication to talk about the communication he receives from others. These skills are essential in developing and maintaining healthy interpersonal relations.

Bateson and his associates conclude that the child in this environment will soon develop schizophrenic behavior which can manifest itself in one of three ways: (1) The child will start assuming that there is a hidden meaning behind every statement he receives that is detrimental to his welfare (paranoia). (2) He may give up discriminating between levels of messages and treat all messages as unimportant, to be laughed off (hebephrenia). (3) He may start hearing less and less of what is going on around him and become very withdrawn (catatonia). (Bateson, et. al., 1956, p. 256).

The work of Bateson points out two very important aspects of the communication in the homes of disturbed children: (1) The mother appears to dominate the raising of the child, and (2) affection in these homes seems to be communicated in an incongruent manner. These ideas are further supported by the work of other researchers who have followed these lines of interest.

Alkire has constructed a research project to compare the communication of power in homes with a disturbed child to homes with a normal elementary school child. He had one member of each family triad describe the characteristics of a graphic design to the other two members of the family over a network of telephones. Through the exchange of questions

and answers, the two listening family members were to decide what the design looked like. The results of this study brought forth evidence that there is role reversal in the homes of disturbed children (Alkire, 1969). The mothers in the disturbed homes behaved like the fathers in the normal families. Both of these parents were dominant over their partners.

The research of Leighton, Stollak and Ferguson also supports the notion of the dominant mother (Leighton, Stollak, and Ferguson, 1971). They observed the interactions of eight parents and their normal children and seven parents and their disturbed children. The length of time each family member spoke and the number of interruptions were recorded. The results showed that the mothers of the clinical patient spoke more often and for a longer period of time than the fathers in these families. This was just the opposite in the families with the normal child. It was also observed that the mothers of the clinical children interrupted much more than the mothers of the normal children. It appeared as though these mothers were constantly struggling to maintain their dominant position in the home. A final observation was that the clinical children were constantly interrupted when they spoke, while the normal children were not.

This disruption of communication seems to be prevalent in disturbed homes. The research of Lamson shows that there is a significant difference of communication disturbance between homes of normal and schizophrenic children. She had families of normal and disturbed children answer questionnaires individually and then agree upon a best family answer to each question. Communication disturbance was measured by tangental remarks, unrelated replies, vague remarks, contradictions, incongruencies,

and imperviousness. The results showed that schizophrenic families scored higher on all six disturbance measures with significant differences on contradictions, imperviousness and vague remarks. (Lamson, 1971).

The research of Cheek also supports Bateson's double-bind theory. She administered questionnaires to mothers of schizophrenic children that asked about the relationship they had with their disturbed child. These mothers were then observed in interaction with their child. In the questionnaires, the mothers rated high on support-permissive responses, but the observational studies showed that they were cold and withdrawn (Cheek, 1970). It appears as though the expressed supportive behavior is tolerance only rather than active support of these children.

Baum has also supported this concept of incongruent communication to disturbed children. He found that parents of disturbed children exhibit an incongruence between their verbal communication and their vocal tone. The major topic area of incongruence was found to be on the dimension of love (Baum, 1967).

Another study by Dammann shows that not only do parents of disturbed children send incongruent messages, but they do not understand how to administer positive verbal reinforcement. In this study, parents were asked to reinforce the child by saying "good" everytime the child made a positive self reference. The results indicated that parents from pathological homes more often reinforce neutral or negative statements that the child makes about himself (Dammann, 1971).

These studies cited all lend support to the original double-bind theory proposed by Bateson and his associates. Weakland, one of Bateson's original colleagues, later extended this theory to include the significance of three-party interaction in the development and

maintenance of schizophrenia. He looked specifically at the contradictory communication the two parents send the child. In this situation, one parent denies the messages of the other at either the verbal or nonverbal level. The parents tend to mask these differences and pretend that all is well between them. This makes living together easier. If the child comments on these contradictions he is receiving the parents' dany that there are any problems. This produces a second double-bind situation on top of the first. This can continue to expand on a larger scale each time (Weakland, 1960).

Weakland supports his theory by referring to Stanton and Schwartz's work in mental hospitals. This research shows that whenever a patient exhibits manic excitement, he is always the subject of disagreement between two people working with him who are unaware of their own disagreement. If the patient mentions these contradictions, the workers deny the differences. This leads to withdrawal behavior in the patient (Stanton and Schwartz, 1954).

The work of Bowen is quite similar to that of Weakland. Bowen a so believes that schizophrenia is a manifestation of a process that involves the entire family. He observed the interactions of fourteen family triads over several years and concluded that these parents suffer from extreme emotional distance, which he refers to as "emotional divorce." Several groups of parents seemed to get along well on the surface, but had a very difficult time communicating personal feelings, thoughts, and experiences. The rest of the parents could not be together in the same room for very long without having extreme arguments. Most mothers tended to be overly domineering while the fathers tended to be passive and compliant. Every mother seemed to exhibit a high degree of worry, doubt, and concern over

the patient. The worries of these mothers focused on the patients' development, growth, behavior, dress, etc. The patients in the study never seemed to know how they felt and had to rely on the mothers to tell them. The fathers kept their distance unless the mother allowed it (Bowen, 1960).

Haley, another one of Bateson's original colleagues, has attempted to give us an entire model system of families with schizophrenic offspring. He describes families as self-corrective systems governed by family members influencing each others' behavior. Over time, a family establishes rules and prohibitions for their particular system. Haley's work has led him to conclude that families of schizophrenic children have a uniquely distinguishable system that is different than other types of families (Haley, 1968).

Haley's description of this model family is a fairly complete summary of the studies and theories mentioned thus far. He first cites many studies to show that the parents of emotionally disturbed children suffer from extreme emotional distance. A very high percent of these parents are clearly immature, incompatible, unhappy in their marriages, and are involved in severe strife and conflict.

Haley's second major finding is the lack of congruence in what each member of the family triad says. They all seem to disqualify their own verbal statements at the nonverbal level. They also disqualify what the other family members say. The child will say that he feels a certain way, and the parents will continually tell him that he doesn't really feel that way or mean what he says. Disqualification occurs in normal relationships, but in these families it occurs most of the time. Haley concludes, after listening to hours of conversations between schizophrenics

and their parents, that it is very difficult to find any statement of one affirmed by another.

Haley believes that a child raised in this environment grows up without the skills and ability to relate to others. It is easy to understand the withdrawal behavior of these children knowing that everything they say is disqualified. The child feels like he does not know what he thinks or feels, and that everything he says is wrong.

Haley also observed that due to the disqualifications between parents of what they themselves say and what each other says, there is no clear pattern of leadership in these homes. Both parents deny their own attempts at leadership and they deny the attempts the other partner makes. The family, therefore, just happens without a strong directing leadership force.

The studies mentioned so far all discuss how the type of relationship between the parents and the child, as defined by their communication, is a major factor in the development of pathological behavior in the child. One question needs to be addressed before proceeding: Why does one child in a family develop schizophrenia, while another, raised by the same parents does not? The research of Lu helps shed light on the answer to this question.

Lu studied fifty families that had a chronic schizophrenic patient and at least one healthy child. His investigation has led him to conclude that it is the reciprocal relationship established between the mother and the patient that is the determining factor of emotional disturbance (Lu, 1961).

Through communication, parents teach their children the role expectations they hold for them. A child may accept this role and relate

to the parents according to his perception of the role they hold for him, or he may reject it. Through defining and redefining expectations for each other, the parents and the child establish the role the child will play in the family. A parent may, therefore, develop a role pattern with one child that is totally different from a role pattern the same parent has with another child.

Lu's investigation shows that the role pattern established between the mother and the disturbed child is entirely different than the role pattern between the mother and the normal sibling. Most of these mothers were found to be very domineering and authoritarian with their children. The disturbed child seemed to accept this control and developed a submissive-dependent relationship with the mother. These childrens' significant others were primarily family members, especially their mothers. The normal siblings, on the other hand, rejected the expectations of their mothers. They had many more contacts outside of the home and many more significant others. Their involvement with their mothers was therefore much more diluted. The mothers in this study seemed more willing to leave these normal siblings alone. Perhaps the need of each mother to control and dominate was filled in the relationship they had with their disturbed child.

It may be that the homogeneous role experience the disturbed child becomes accustomed to is the factor that prevents him from being able to relate to other people and adapt to adult situations. More research is needed in this area to support this idea.

AN ALTERNATE APPROACH

Theodore Lidz takes a somewhat divergent approach from what has

been discussed thus far. He feels that communication patterns are part of a much deeper problem. His perspective focuses on linguistics and language behavior (Lidz, 1961, 1973).

Lidz refers to the "word" as the "tool of tools," and linguistic communication as the factor that enables us to convey experiences and live together as humans. He cites the work of Benjamin Whorf to show that different cultures organize the world in different ways (the Hopi lives in a timeless world where verbs do not have tenses, the Shawnee uses single words to represent entire concepts and images, the Eskimo has no generic word for snow, etc.). Language imposes a type of social contract upon the members of the culture who use it. People more or less agree to organize the world in a similar way through the use of words and the meanings they assign to them. Lidz theorizes that the schizophrenic child who is unable to relate to others has grown up in an environment where he has developed a different system of meanings for words than others in his culture. The child has a different referrent system than those around him. It is like a Frenchman living in an enviornment where everyone speaks Spanish.

Lidz believes that the environment the child is raised in is a major cause of this problem. He concludes that schizophrenic patients all seem to have been "exposed to concepts and meanings deviant of the culture and to influences that would adversely affect the development of consistent and coherent personal meanings" (Lidz, 1961, p. 101). Parents in the homes of schizophrenics create a very unusual situation, full of inconsistencies, contradictory messages, and denial of what seems to be obvious to the child. He is therefore raised in an environment of irrationality. The more recent work of Lidz specifies two different

types of environments schizophrenic patients grow up in, the skewed family and the schismatic family (Lidz, 1973).

The skewed family is most common among those with schizophrenic sons. These families are dominated by a highly unstable, overprotective mother. She is unable to establish boundaries between herself and her child, and seeks completion of her own life through the child's life. The father in these homes appears to be very passive. He has found that it is easier to let his wife run things than to attempt influence and control. The mother seems to be very verbal in letting the son know that she does not want him growing up like his weak father. The child becomes very dependent on his unstable mother and is highly exposed to her bizarre way of thinking.

The schismatic family is most common with schizophrenic daughters. The mother is also very unstable and domineering in this case, but the father will not give in to her. His fighting back consequently leads to a great deal of open conflict in the home. Both parents are continually undercutting the worth of each other in front of the child. They are both continually competing for the child's loyalty due to their own insecurities. If the child identifies with the father, she is rejected by the mother and vice versa. The child is therefore always rejected by one parent. The communication the child receives in this e vironment is very confusing. The mother communicates apathy and helplessness while the father communicates distrust and suspicion.

In both of these homes the child is exposed to very poor role models. In the skewed family the son is forced to complete the life of his mother and does not learn an adequate masculine role. In the schismatic family the daughter is taught to be like neither of the parents due to their constant undercutting of each other.

The mothers in both of these homes seem to be having trouble drawing boundaries between themselves and their child. An article by Bell lends some support to this notion. He has shown that disturbed families have a deficiency of family boundaries which leads them to involve extended kin in their conflicts and problems (Bell, 1970). This inability to maintain boundaries is possibly due to the insecurity of those involved.

The major problem of these two family environments, according to Lidz, is that they transmit a faulty foundation in reality due to confusing and distorted communication. A child learns the instrumental techniques of his culture through interaction with his tutors. To develop meanings similar to others in his culture he must receive consistent cues and reinforcement when using words correctly and should be ignored when using faulty meanings. In schizophrenic homes the unstable mothers seem to be so preoccupied with themselves that they cannot pay attention to the developing child. The father rewards responses the mother punishes and the mother rewards responses the father punishes. The child may learn that masculine roles are feminine roles and vice versa. He learns that father means no concern, love means punishment, mother means overprotection, etc. This is the depth of the problem according to Lidz.

A RECENT TREND

A major weakness of most of the literature cited thus far is that little attempt has been made to differentiate between the types of emotional disturbance. Schizophrenia is the illness most cited, but it is a very vague and general term. This type of illness can manifest itself in several different ways. The final trend in research to be

examined in this paper attempts to link certain patterns of communication with specific symptomatic manifestations of emotional illness.

Irving Schwartz has studied the communication in homes with acting-out children as compared to families with withdrawn children. The results of his investigation indicate that parents of aggressive, acting-out children, especially fathers, are consistently rejecting in their communication behavior, both verbally and nonverbally. There was very little acceptance communicated in these homes.

In contrast to the fathers mentioned above, the fathers in the homes of withdrawn children tended to be consistently accepting both verbally and nonverbally. It was the mothers in the homes of withdrawn children that were the incongruent communicators. They generally communicated acceptance verbally, but rejection nonverbally (Schwartz, 1968).

Two other researchers, Beakel and McPherson, have attempted to link communication patterns with four symptom groups: (1) aggressive children, (2) children in active family conflict, (3) passive - negative children, and (4) withdrawn children (Beakel, 1971; McPherson, 1970).

The findings of these two studies generally indicate that parents of aggressive children send dynamic, controlling and critical messages to their children. The parents in homes with active family conflict send hostile, critical and controlling messages. The children with passive - negative symptoms receive non-dynamic, indirect and unaffectionate messages from their parents. The withdrawn children receive controlling and covertly depreciating messages from their mothers. The fathers in these homes appear to be passive and uninvolved with the child. These two studies show that this is an area where more research is needed. It appears as though some investigators are following this trend of linking patterns of communication with specific symptoms of illness.

PATTERNS OF COMMUNICATION

The patterns of communication that seem to be unique to the homes of disturbed children, as cited in the literature above, will now be reviewed and summarized.

I. Extreme Emotional Distance Between Parents - Nearly all the marriages discussed are suffering from "Emotional Divorce." These couples are very distant from one another. They have trouble communicating personal thoughts, feeling and needs to each other. They either learn to live together as strangers in the same home (skewed family) or they live in intense open conflict (schismatic family). These couples are experiencing very unhappy marriages, and this is communicated to their children.

II. A Domineering Mother - The mother appears to be a dominating influence in the homes of disturbed children. In some cases the father becomes passive and learns to "take it." In other situations he is equally domineering and fights back. In either case the mother's communication seems to be an attempt to gain and maintain her dominant position in the home.

III. Incongruent Communication - The parents of disturbed children tend to communicate in a very incongruent manner. There exists a discrepancy between their verbal and nonverbal messages. The major dimension upon which these incongruent messages occur is that of the communication of affection. There is a lot of verbal love expressed, but very little support of these messages on the nonverbal level.

Not only do the parents communicate incongruently within themselves, but they tend to communicate incongruently between themselves. The father tells the child one thing and reinforces certain concepts, while the mother contradicts what he says, and vice versa.

IV. Disruption of Communication - Homes of disturbed children are characterized by vague, tangental, contradictory, and impervious communication. There is also a great deal of interruption in these homes. These are signs of an extreme lack of listening. Each family member would rather be heard than hear. The relationships are therefore one-way rather than two-way. This lack of empathic listening and emotional involvement is what keeps family members distant from each other. There is a great lack of understanding of other people's feelings in relationships where there is no empathic listening.

V. Disqualification of Communication - When family members do listen to one another, they usually disqualify what each other says. The children are continually told that they do not really feel, think or mean what they say. The mother generally tells them what they are "really" thinking and feeling and the children consequently become very dependent upon the mother to tell them what is happening around him. The children must therefore distort their own perceptions and learn not to trust what their own organism tells them. The locus of evaluation for their experiences is therefore external to themselves. According to Carl Rogers, this type of interaction is very detrimental to the development of the "Self" (Rogers, 1961).

VI. Lack of Decision Making - Rather than making decisions and then executing them, the parents of disturbed children seem to let the family just happen. Time seems to decide things for them. Neither parent wants to take responsibility for the family. The domineering mother with the passive husband controls the home but thinks her husband should be more active and make the decisions for the family. Where the father is more active, there is a great deal of heated discussion, but neither

parent wants to take the responsibility of leading and going against his or her spouse.

VII. Lack of Family Boundaries - The parents of disturbed children, especially the mothers, seem to have trouble drawing boundaries between themselves and their children. They seek to complete their own lives through their children. They tend to be overly protective, overly worried and overly domineering and controlling. They communicate the feeling that they cannot live without the child, and the child could never live without them.

These parents also seem to have trouble drawing boundaries between their family and their relatives. They include their kin in all their worries and problems. Because the relatives all get involved in the emotional drama, they have influence over the disturbed family. All the suggestions and advice from their relatives may be a factor in the family's inability to make decisions for themselves. More research is needed, however, to support this idea.

VIII. Reciprocal Relationships - A final pattern of communication that seems to occur between parents and their disturbed children is the reciprocal nature of the relationship that exists. The child must accept the expectations one or both of the parents have for him or her and play the role of a submissive, dependent child. The parents communicate that the child would be helpless without them, and the child communicates back that this is true. Why this occurs with some children in a family and not others is not yet clear. It does appear, however, that the child who rejects this submissive-dependent role and develops other significant relationships remains healthy emotionally. It may be that the disturbed child cried a lot more when a baby, or was often sick, and grew accustomed

to more attention from the mother than the other children in the family. This is another area where more research is needed.

SUMMARY

This paper has been an attempt to review the literature on communication in the homes of disturbed children, and draw together those patterns that seem to recur in these types of homes. Although it is very difficult to isolate all the many factors involved in causing emotional disturbance, it is safe to say that the communication patterns in disturbed homes are significantly different than the patterns that exist in normal families.

An article by Earl Kelley supports the notion that these patterns are the major cause of emotional disturbance in children (Kelley, 1973). Kelley believes that the self is achieved and not given. He feels that the self is almost entirely built in relationship to others. The health potential, therefore, lies strictly in the quality of the people around the child from infancy. Parents are the major "stuff of growth" that determine the quality of behavior their children exhibit. If the child is raised in a very authoritarian environment, full of distortion, disturbance and confusion, he will grow up with a lack of emotional health.

Others may argue for a genetic or biological approach, contending that certain communication patterns develop due to the disruption the child adds to the home. The cause of emotional disturbance, however, is not the issue here. This paper points out the specific patterns of communication existing in the homes of disturbed children. Support is given to the perspective that the family is a rule-governed system. Family members interact in organized, repetitive and predictable patterns that

can be discerned through observation. Through interaction over time, family members develop patterns of communication that are unique to their own family. It appears as though families with a disturbed child have very similar communication patterns. These patterns are significantly different from the patterns existing in normal families. Whether or not these patterns cause emotional illness, they are instrumental in maintaining it once it exists.

This knowledge has implications for therapy. If disturbed children are treated outside of the family context and then placed back in the home, they may again become embroiled in the same dysfunctional patterns of interaction. It appears as though the entire family needs to be involved in the therapeutic process to successfully bring about change.

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